

N24000011907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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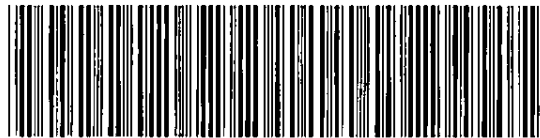
(Business Entity Name)

(Document Number)

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COVER LETTER

Department of State
 Division of Corporations
 P. O. Box 6327
 Tallahassee, FL 32314

SUBJECT: South Atlantic Ports & Maritime Coalition, Inc
 (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
 Filing Fee

☒ \$78.75
 Filing Fee &
 Certificate of
 Status

☐ \$78.75
 Filing Fee
 & Certified Copy

☐ \$87.50
 Filing Fee,
 Certified Copy
 & Certificate

ADDITIONAL COPY REQUIRED

FROM: Gerald P Jones CPA PLLC
 Name (Printed or typed)

2039 Soutel Drive
 Address

Jacksonville, Florida 32208
 City, State & Zip

(904) 607-6067
 Daytime Telephone number

cpagpj@gmail.com
 E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2004 OCT 1 PM 4:23
 SEC. OFFICE
 DIV. OF CORP.
 TALLAHASSEE, FL

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: South Atlantic Ports & Maritime Coalition, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

215 West 10th Street

215 West 10th Street

Jacksonville

Jacksonville

Florida 32206

Florida 32206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The specific purpose for which this corporation is organized is:

To Promote Understanding And Cooperation Among The Longshoremens Of The South Atlantic Region And Its Employers.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

As Provided For In The Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenneth Riley, President

Name and Title: Vincent Cameron, Vice President

Address: 2079 Savage Road

Address: 7701 Brandon Court

Charleston

Jacksonville

South Carolina 29407

Florida 32219

Name and Title: Romia Johnson, Treasurer

Name and Title: Romia Johnson, Secretary

Address: 215 West 10th Street

Address: 215 West 10th Street

Jacksonville

Jacksonville

Florida 32206

Florida 32206

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Gerald P Jones CPA PLLC

ATX1

Name and Title: Kenneth Riley, Director Name and Title: Vincent Cameron, Director

Address: 2079 Savage Road Address: 7701 Brandon Court

Charleston Jacksonville

South Carolina 29407 Florida 32219

Name and Title: Romia Johnson, Director Name and Title: _____

Address: 215 West 10th Street Address: _____

Jacksonville _____

Florida 32206 _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Romia Johnson

Address: 215 West 10th Street

Jacksonville, Florida 32206

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Romia Johnson

Address: 215 West 10th Street

Jacksonville, Florida 32206

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/10/2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Romia Johnson
Required Signature of Registered Agent

9/5/2024
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Romia Johnson
Required Signature of Incorporator

9/5/2024
Date

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Division of Corporations
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Address

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City, State & Zip

(904) 607-6067
Daytime Telephone number

cpagpi@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

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Mailing address, if different is:

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The manner in which the directors are elected and appointed: _____

As Provided For In The Bylaws.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Kenneth Riley, PresidentName and Title: Vincent Cameron, Vice PresidentAddress: 2079 Savage RoadAddress: 7701 Brandon CourtCharlestonJacksonvilleSouth Carolina 29407Florida 32219Name and Title: Romia Johnson, TreasurerName and Title: Romia Johnson, SecretaryAddress: 215 West 10th StreetAddress: 215 West 10th StreetJacksonvilleJacksonvilleFlorida 32206Florida 32206

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Gerald P Jones CPA PLLC

ATX1

Name and Title:	<u>Kenneth Riley, Director</u>	Name and Title:	<u>Vincent Cameron, Director</u>
Address:	<u>2079 Savage Road</u>	Address:	<u>7701 Brandon Court</u>
	<u>Charleston</u>		<u>Jacksonville</u>
	<u>South Carolina 29407</u>		<u>Florida 32219</u>
Name and Title:	<u>Romia Johnson, Director</u>	Name and Title:	<u></u>
Address:	<u>215 West 10th Street</u>	Address:	<u></u>
	<u>Jacksonville</u>		<u></u>
	<u>Florida 32206</u>		<u></u>

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Romia Johnson

Required Signature of Incorporator

9/5/2024

Date